

Application for Certification
Fire Alarm/Fire Suppression Firm
Michigan Department of Labor & Economic Growth
Bureau of Fire Services
Fire Safety Plan Review Division
P.O. Box 30700
Lansing, MI 48909
PH. 517-241-8847 / FAX. 517-335-4061

Fire Alarm Firm **\$150.00**
Fire Suppression Firm **\$150.00**

AGENCY USE ONLY

FIRM NAME (PARENT NAME IF CORPORATION CERTIFICATION DESIRED)		CONTRACTOR LICENSE NUMBER (If Applicable)		CERTIFICATION NUMBER
MAILING ADDRESS (STREET)			TELEPHONE NUMBER	EXPIRATION DATE
CITY	COUNTY	STATE	ZIP CODE	
QUALIFYING PERSON				CERTIFICATION NUMBER
MAILING ADDRESS (STREET)			TELEPHONE NUMBER	EXPIRATION DATE
CITY	COUNTY	STATE	ZIP CODE	

CODES/CATEGORIES FOR WHICH FIRM IS QUALIFIED

- | | | |
|--|---|--|
| A. Fire alarm systems
B. Fire alarm voice communication systems
C. Custom designed carbon dioxide systems
D. Pre-engineered carbon dioxide systems
E. Custom designed wet or dry chemical systems
F. Pre-engineered wet or dry chemical systems | G. Custom designed clean agent suppression systems
H. Pre-engineered clean agent suppression systems
I. Custom designed foam systems
J. Pre-engineered foam systems
K. Custom designed, water-based sprinkler systems, including underground water supply
L. Custom designed water spray or water mist systems | M. Water reservoir (aboveground)
N. Water reservoir (underground)
O. Custom designed pressure tank water supply
P. Engineered pump pressure supply
Q. Engineered explosion suppression systems
R. Categories for new technologies |
|--|---|--|

Full Name (Type or Print)	QUALIFYING PERSONS Signature	Category Codes

*For additional qualifying persons, please attach additional pages.

CHIEF OPERATING OFFICER OR BRANCH OFFICER

I hereby declare the firm is capable of providing service to required fire alarm systems or required fire suppression systems within 24 hours and replacement parts are available for required alarm systems or required fire suppression systems.

NAME OF CHIEF OPERATING OFFICER OR BRANCH OFFICER (Print or Type)	SIGNATURE	DATE

NOTARY PUBLIC

Subscribed and sworn before me, this _____ day of _____, _____, a Notary Public in and for _____ County, Michigan.

(Signature of Notary Public) My Commission expires: _____, _____.

Attach Qualifying Person Affidavit form and technical qualifications resume for each new qualifying person. Submit this form with the appropriate fee to the address listed above.

Based on the information provided, the above named firm is hereby granted certification in accordance with 1941 PA 207.

AUTHORIZED DIVISION SIGNATURE

DATE

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.